

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034520

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 215  
**FILED SEP 24 1962**

VS 300  
Rev. 4/59

10425

20425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
Length of stay in 1b <u>2 1/2 Yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Water St</u>		d. STREET ADDRESS (If outside, give location) <u>814 East Green St</u>	
3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>Eugene</u> Last <u>Fields</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-11-34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>Clearfield Cheese, Henry Co Mo.</u>	
13a. FATHER'S NAME <u>Edward Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Sharon Fields</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1956 to 1958</u>		17. INFORMANT <u>Edward Fields RR 6 Clinton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound of left chest.</u> DUE TO (b) <u>probable penetration heart</u> DUE TO (c) <u>self inflicted</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>self inflicted gun shot wound left chest</u>	
20c. TIME OF INJURY Hour <u>5:30</u> p.m. Month <u>9</u> Day <u>14</u> Year <u>1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>Water St. Clinton Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Clinton</u>	
21. I attended the deceased from <u>unattended</u> to <u>unattended</u> and last saw her alive on <u>5:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>9/17/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-17-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Missouri</u>		23d. LOCATION (City, town, or county) <u>Calhoun Mo</u>	
24. FUNERAL DIRECTOR <u>Sickman &amp; Dunning Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 17, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Begum</u>			

APR 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Dunning*

Licensed Embalmer No. 4710

P. O. Address

Clinton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

9/17/62

(M.B.)